



Seattle City Attorney

Thomas A. Carr

Volunteer/ Internship Application

Name: _____ Date: _____

Address: _____

Day Phone: (____) _____ Eve. Phone: (____) _____ Best Time to Call: _____

Email Address: _____ Cell phone/Pager: _____

School: _____ Major: _____

Employer: _____ Occupation: _____

Education:

Completed

- ☐ High school/ GED
- ☐ Vocational/ Business School
- ☐ College
- ☐ Graduate School
- ☐ Law School

Currently Enrolled

- ☐ College Circle current standing:
Fr So Jr Sr
- ☐ Graduate School
- ☐ Law School Circle current standing:
1st 2nd 3rd
- ☐ Vocational/ Business School

Additional Training: _____

Languages Spoken Fluently: _____

Volunteer Experience: _____

Please State Your Career Goals: _____

The Public & Community Safety Division needs help in the following areas. Check areas of interest.

- | | |
|--|---|
| <input type="checkbox"/> Crimes against the elderly | <input type="checkbox"/> Providing resources and referrals to victims/witnesses |
| <input type="checkbox"/> Domestic Violence Unit | <input type="checkbox"/> Child abuse cases |
| <input type="checkbox"/> Case Preparation Unit | <input type="checkbox"/> Paralegal |
| <input type="checkbox"/> Harassment Advocacy | <input type="checkbox"/> Rule 9 Internship (3rd year law students) |
| <input type="checkbox"/> Criminal history computer reports | <input type="checkbox"/> Research and statistical reports |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Obtaining certified court documents |

It is our goal to match your interests and skills with the needs of this office. However, assignment of specific tasks will be at the discretion of the supervisor.

Complete the following if you are expecting to receive course credit.

Professor or Contact person: _____ Ph. () _____

Course or Major: _____

Why are you interested in volunteering in the Public & Community Safety Division?

Describe your knowledge of, or experience with, the criminal justice system.

Have you ever been a victim or witness in a Seattle Municipal Court Case? _____

If Yes when? _____ What was the outcome? _____

The office is open between the hours of 8:am and 5:pm Monday through Friday. Indicate when you are available.

Days:	Monday	Tuesday	Wednesday	Thursday	Friday
	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Total Hours/ Week: _____ (Minimum hours for an internship: 8/week)

Expected start date: _____ Expected end date: _____

You will need to attach the following to your application. We are unable to process incomplete applications.

1. Current resume
2. List of three professional references with addresses and telephone numbers
3. Completed and signed Background Records Information form (attached)

Signature: _____ Date: _____

Please send your completed application materials to:

Dana Anderson, Volunteer Program Coordinator
Seattle City Attorney's Office
Public & Community Safety Division
700 Fifth Avenue, Suite 5350
PO Box 94667
Seattle, WA 98124
(206) 684-7761 Fax (206) 684-4648
Dana.anderson@seattle.gov